PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
rademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Re	eduction Act of 4995	MARKET are re	quired to	respond to a collection	on of informati	ion unless it display	s a valid OMB	control number	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL For FY 2006				Application Number		09/820,915-Conf. #3432			
				Filing Date		March 30, 2001			
				First Named Inventor Takashi SU		Takashi SUM/	ADA		
				Examiner Name V. U. Brown		V. U. Brown			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2635					
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00				Attorney Docket No. 0505-0798P			11 ==		
METHOD OF PAYME	ENT (check all t	hat apply)		<u> </u>					
X Check Credi	t Card N	1oney Order	Nor	e Other (please ident	tify):			
X Deposit Account	eposit Account Numb	er: 02-2448 D	eposit Acc	ount Name:	Birch, Ste	ewart, Kolasch	& Birch, L	LP	
For the above-id	entified deposit a	account, the Di	rector is	hereby authorize	ed to: (ched	k all that apply)			
	e(s) indicated bel	·		ė –	•	dicated below, e		ne filing fee	
H	y additional fee(s		nent of				·	_	
	er 37 CFR 1.16			X Credit	any overpa	ayments			
FEE CALCULATION	(All the fees	below are du	ie upo	n filing or may	be subje	ct to a surch	arge.)		
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEE	S			-	•		
		G FEES	SE	ARCH FEES	EXAMIN	NATION FEES	;		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEE:		100	U	Ū	U	J		Small Entity	
Fee Description	3						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent clair		3					360	180	
				Paid (\$) Multiple Depend			ent Claims		
	18 -20= x =					Fee Paid (\$)		
HP = highest number of total								•	
Indep. Claims Ext	ra Claims F	ee (\$)	Fee F	aid (\$)					
3 -3=	x								
HP = highest number of inde	pendent claims paid	for, if greater than	3.			<u></u>			
3. APPLICATION SIZE F	EE							_	
If the specification and									
listings under 37 CF					or small er	ntity) for each a	dditional 50)	
sheets or fraction the									
Total Sheets	Extra Sheets			dditional 50 or frac			Fee F	Paid (\$)	
- 100 =		/50		(round up to a who	ie number)	×	=	Doid (\$)	
4. OTHER FEE(S)	ention \$120 for	(no small ent	ity dica	umt)			rees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00									
1252 Extension for response within second month								450.00	
SUBMITTED BY	\ \								
Signature	-/\/\(_\	# JI		Registration No.	43,368	Telephone	(703) 205	5-8000	
orginature T	· · · · · · · · · · · · · · · · · · ·		1	(Attornous(Amont)	4 0,300	I resobutous	(100)200	<i></i> 0000	

Date

August 22, 2006

Name (Print/Type) Paul C. Lewis